

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW Suite 700	
(c) City, State and ZIP Code Washington DC 20005	
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. FEC Identification Number C C90004185	
Individual filers only Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
☐ July 15 Quarterly Report
☐ October Quarterly Report
☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8

THROUGH

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

10009.45

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

John Botts

08/25/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Mailing Address

1156 15th Street, NW, Suite 700

Amount

7262.38

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List Rental (8/25 Conv Message)

Category/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought

329597.31

Disbursement For:
2008☒ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Adams, Hussey & Associates

Date

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Mailing Address

1600 Wilson Blvd.
Suite 300

Amount

500.00

City

Arlington

State

VA

Zip Code

22209

Purpose of Expenditure

Copywrite

Category/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought

329597.31

Disbursement For:
2008☒ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Adams, Hussey & Associates

Date

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Mailing Address

1600 Wilson Blvd.
Suite 300

Amount

450.00

City

Arlington

State

VA

Zip Code

22209

Purpose of Expenditure

Copywrite

Category/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought

329597.31

Disbursement For:
2008☒ Primary☐ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

8212.38

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
Vail Systems

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Mailing Address
570 Lake Cook Road

Amount

1797.07

City	State	Zip Code
Deerfield	IL	60015

Purpose of Expenditure
TelemarketingCategory/
Type

Office Sought:

☐

House

State: DC

Presidential

☐

Senate

☒

President

District: 00

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One:

☒

Support

☐

Oppose

Calendar Year-To-Date Per Election
for Office Sought

329597.31

Disbursement For:
2008☒

Primary

☐

General

☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

1797.07

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

10009.45